



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD INFANTRY DIVISION (FORWARD)
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZP-VA-JA

14 November 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
(Claim Number 05-IA3-1460)

1. On 2 June 2005, [REDACTED]'s son was shot and killed by U.S. Forces responding to attack.
2. I certify that funds are available from the CERP to pay A [REDACTED] in the amount of \$2,500.00. This is a condolence payment.

[REDACTED]
[REDACTED]
[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
[REDACTED] AN
CPT, JA
Trial Counsel

001063



DEPARTMENT OF THE ARMY
HEADQUARTERS, 42d INFANTRY DIVISION (Mechanized)
OPERATION IRAQI FREEDOM (FOB LIBERTY)
APO AE 09308

DHFT-JA

17 July 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 05-IA3-1460

1. **Identifying Data:** [REDACTED] Bayji, Iraq
2. **Date and place the incident occurred giving rise to the claim:** The claim occurred on 2 June 2005, in Bayji, Iraq.
3. **Amount of claim and date it was filed:** Claimant filed a claim for \$3,000 on 16 July 2005.
4. **Jurisdiction:** This request is presented for consideration under the provisions of the Foreign Claims Act, 10 USC Section 2734, as implemented by Chapter 10, Army Regulation 27-20. This claim was filed in a timely manner.
5. **Facts:** Claimant alleges that his son was killed, when U.S. Forces shot at him from a convoy. The claimant and son were driving through Bayji, when a U.S. Forces convoy approached from the other direction. The soldiers in the convoy started shooting at the claimant's vehicle as they got closer. The claimant's son was shot and killed. The claimant provided corroborating witness statements and a police report with a scene sketch. Division records indicate that TF 1-103 fired warning shots at the vehicle as they passed by. They initiated first aid, but the decedent died at FOB Summerall.
6. **Opinion:** There is sufficient evidence to indicate that U.S. Forces killed the claimant's son. Unfortunately, those forces were involved in security operations at the time. Therefore, this case falls within the combat exception.
7. **Recommendation:** The claim is denied.

[REDACTED]
CPT, JA
Chief, Claims

001064

Claims Form

To: United States Army Foreign Claims Commission.

From: Name: [REDACTED]

POA/ATT: [REDACTED]

Power of Attorney provided and interpreter approved: Verified by Ahmed

Decedents: Son: [REDACTED] - 20 y/o

Hometown: Bayji Iraqi Resident: _____

My claim arose at: _____
(Town) Bayji (City) Iraq (Country)

My claim arose on: June 2 2005 (1800)
Month Day Year

Proof of Ownership: NIA
 Interpreter Approved: _____

Death Certificates (Name, Cause of Death, Age, and Time of Death Consistent with Claimant allegations): Son of CLAIMANT DATE - 2 JUN 05 - Bullet to head
CAUSE OF DEATH
 Interpreter Approved: _____

Legal Expert Opinion: NIA
 Interpreter Approved: _____

Witness Statement (Consistent?): 2 statements consistent w/ story
 Interpreter Approved: _____

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

CLAIMANT was driving in Bayji - saw convoy
coming from other direction - pulled over to
side of road - with other vehicles - convoy
started shooting at civilian vehicles killing
SON
- NOT a highway regular street.
- NOT claiming damages to vehicle just wrongful death

Evidence: _____

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
Wrongful death	\$ 3000

Total: \$ 3000

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) _____ (Address) _____


I claim as damages: (Indicate amount in U.S. dollars and local currency)


\$ 3000 local _____



(Signature of Claimant)

Subscribed before me this 16 day of JUL, 2005.

SGT 

(Print Name)


(Signature)



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST BRIGADE, 3RD INFANTRY DIVISION (FORWARD)
TASK FORCE BAND OF BROTHERS, OPERATION IRAQI FREEDOM
FORWARD OPERATING BASE SPEICHER
APO AE 09393

AFZP-VA-JA

14 November 2005

MEMORANDUM FOR RECORD

SUBJECT: Commander's Emergency Response Program payment to [REDACTED]
[REDACTED] (Claim Number 05-IA3-1541)

1. On 6 March 2005 [REDACTED]'s son was shot and killed by U.S. Forces responding to attack.
2. I certify that funds are available from the CERP to pay [REDACTED] in the amount of \$2,500.00. This is a condolence payment.

[REDACTED]
CPT, EN
Project Purchasing Officer

3. The request to pay [REDACTED] in the amount of \$2,500.00 from CERP is approved. The claimant will receive a payment. There is no legal objection to this payment. I order payment of this money.

[REDACTED]
CPT, JA
Trial Counsel

001067